

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2004

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

## A For the 2004 calendar year, or tax year beginning

, and ending

## B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

## C Name of organization

Alabama State Employee Association

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

110 North Jackson Street

City or town

State or country

ZIP + 4

Montgomery

AL

36104

## D Employer identification number

63-0256542

## E Telephone number

(334) 834-6965

F Accounting method: ☐ Cash ☒ Accrual☐ Other (specify) ▶

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

## I Group Exemption Number ▶

M Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

## G Website: ▶ N/A

J Organization type (check only one) ▶ ☒ 501(c) ( 5 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,596,624

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

1	Contributions, gifts, grants, and similar amounts received:			
a	Direct public support	1a		0
b	Indirect public support	1b		
c	Government contributions (grants)	1c		
d	Total (add lines 1a through 1c) (cash \$ noncash \$ )	1d		0
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		0
3	Membership dues and assessments	3		1,456,346
4	Interest on savings and temporary cash investments	4		3,191
5	Dividends and interest from securities	5		0
6a	Gross rents	6a		
b	Less: rental expenses	6b		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		0
7	Other investment income (describe )	7		0
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
b	Less: cost or other basis and sales expenses	0 8a		0
c	Gain or (loss) (attach schedule)	0 8b		0
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	0 8c		0
8d				0
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (not including \$ 0 of contributions reported on line 1a)	9a		0
b	Less: direct expenses other than fundraising expenses	9b		0
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		0
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less: cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		0
11	Other revenue (from Part VII, line 103)	11		1,137,087
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		2,596,624
13	Program services (from line 44, column (B))	13		1,865,199
14	Management and general (from line 44, column (C))	14		610,322
15	Fundraising (from line 44, column (D))	15		0
16	Payments to affiliates (attach schedule)	16		0
17	Total expenses (add lines 13 and 14, column (A))	17		2,475,521
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		121,103
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		457,109
20	Other changes in net assets or fund balances (attach explanation)	20		0
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		578,212

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0)	22	0	0		
23	Specific assistance to individuals (attach schedule)	23	0			
24	Benefits paid to or for members (attach schedule)	24	0			
25	Compensation of officers, directors, etc.	25	169,409	84,705	84,704	
26	Other salaries and wages	26	861,314	549,726	311,588	
27	Pension plan contributions	27	0			
28	Other employee benefits	28	208,298	110,687	97,611	
29	Payroll taxes	29	84,217	84,217		
30	Professional fundraising fees	30	0			
31	Accounting fees	31	19,969	19,969		
32	Legal fees	32	25,295	25,295		
33	Supplies	33	95,198		95,198	
34	Telephone	34	0			
35	Postage and shipping	35	36,421	36,421		
36	Occupancy	36	148,881	148,881		
37	Equipment rental and maintenance	37	29,251	29,251		
38	Printing and publications	38	173,251	173,251		
39	Travel	39	0			
40	Conferences, conventions, and meetings	40	69,824	69,824		
41	Interest	41	0			
42	Depreciation, depletion, etc. (attach schedule)	42	15,494	15,494		
43	Other expenses not covered above (itemize): a	43a	0			
	b See attached schedule	43b	517,731	517,478	253	
	c Taxes	43c	20,968		20,968	
	d	43d	0			
	e	43e	0			
	f	43f	0			
44	<b>Total functional expenses</b> (add lines 22 through 43). <b>Organizations completing columns (B)-(D), carry these totals to lines 13—15</b>	44	2,475,521	1,865,199	610,322	0

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$ ; (iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)What is the organization's primary exempt purpose? ☒ Provide Benefits to State Employees

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a		
	(Grants and allocations \$ )	
b		
	(Grants and allocations \$ )	
c		
	(Grants and allocations \$ )	
d		
	(Grants and allocations \$ )	
e	Other program services (attach schedule)	(Grants and allocations \$ )
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	0

**Part IV Balance Sheets** (See page 25 of the instructions.)

		Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
<b>Assets</b>	45	Cash—non-interest-bearing . . . . .		403,765	45	486,898
	46	Savings and temporary cash investments . . . . .			46	
	47 a	Accounts receivable . . . . .	47a 17,961			
	b	Less: allowance for doubtful accounts . . . . .	47b 0	41,574	47c	17,961
	48 a	Pledges receivable . . . . .	48a 0			
	b	Less: allowance for doubtful accounts . . . . .	48b 0	0	48c	0
	49	Grants receivable . . . . .			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		0	50	0
	51 a	Other notes and loans receivable (attach schedule) . . . . .	51a 0			
	b	Less: allowance for doubtful accounts . . . . .	51b 0	0	51c	0
	52	Inventories for sale or use . . . . .		5,784	52	4,728
	53	Prepaid expenses and deferred charges . . . . .		24,742	53	26,237
	54	Investments—securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54	0
	55 a	Investments—land, buildings, and equipment: basis . . . . .	55a 0			
	b	Less: accumulated depreciation (attach schedule) . . . . .	55b 0	0	55c	0
56	Investments—other (attach schedule) . . . . .		0	56	0	
57 a	Land, buildings, and equipment: basis . . . . .	57a 834,204				
b	Less: accumulated depreciation (attach schedule) . . . . .	57b 585,743	234,157	57c	248,461	
58	Other assets (describe <input type="checkbox"/> See attached worksheet ) . . . . .		6,381	58	1,000	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .		716,403	59	785,285	
<b>Liabilities</b>	60	Accounts payable and accrued expenses . . . . .		219,160	60	200,043
	61	Grants payable . . . . .			61	
	62	Deferred revenue . . . . .			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		0	63	0
	64 a	Tax-exempt bond liabilities (attach schedule) . . . . .		0	64a	0
	b	Mortgages and other notes payable (attach schedule) . . . . .		0	64b	0
	65	Other liabilities (describe <input type="checkbox"/> ASEA Chapter Rebate Escrow ) . . . . .		40,134	65	7,030
66	<b>Total liabilities</b> (add lines 60 through 65) . . . . .		259,294	66	207,073	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted . . . . .		457,109	67	578,212
	68	Temporarily restricted . . . . .			68	
	69	Permanently restricted . . . . .			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds . . . . .			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund . . . . .			71	
	72	Retained earnings, endowment, accumulated income, or other funds . . . . .			72	
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .		457,109	73	578,212
	74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .		716,403	74	785,285

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions.)**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	2,596,624
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990:		
(1)	Net unrealized gains on investments	\$	
(2)	Donated services and use of facilities	\$	
(3)	Recoveries of prior year grants	\$	
(4)	Other (specify):	\$	
	Add amounts on lines (1) through (4)	<b>b</b>	0
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	2,596,624
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990	\$	
(2)	Other (specify):	\$	
	Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	2,596,624

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	2,475,521
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990:		
(1)	Donated services and use of facilities	\$	
(2)	Prior year adjustments reported on line 20, Form 990	\$	
(3)	Losses reported on line 20, Form 990	\$	
(4)	Other (specify):	\$	
	Add amounts on lines (1) through (4)	<b>b</b>	0
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	2,475,521
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990	\$	
(2)	Other (specify):	\$	
	Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	2,475,521

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name <u>E.J. McArthur</u> Str <u>110 N. Jackson St.</u> City <u>Montgomery</u> ST <u>AL</u> ZIP <u>36104</u>	Title <u>Executive Director</u> Hr/WK <u>40</u>	89,805	0	0
Name <u>Randy Hebson</u> Str <u>482 South Sanders</u> City <u>Birmingham</u> ST <u>AL</u> ZIP <u>35226</u>	Title <u>President</u> Hr/WK <u>5</u>	0	0	0
Name <u>Dianna McLain</u> Str <u>105 13th Avenue</u> City <u>Birmingham</u> ST <u>AL</u> ZIP <u>35215</u>	Title <u>Secretary</u> Hr/WK <u>1</u>	0	0	0
Name <u>Steve Walkley</u> Str <u>6418 Applewood Co</u> City <u>Montgomery</u> ST <u>AL</u> ZIP <u>36117</u>	Title <u>Treasurer</u> Hr/WK <u>2</u>	0	0	0
Name <u>Ulysses Lavendar</u> Str <u>5108 Briar Cliff Dr</u> City <u>Northport</u> ST <u>AL</u> ZIP <u>35476</u>	Title <u>VP</u> Hr/WK <u>1</u>	0	0	0
Name <u>Ronald Grantland</u> Str <u>P.O. Box 1085</u> City <u>Hartselle</u> ST <u>AL</u> ZIP <u>35640</u>	Title <u>Board Member</u> Hr/WK <u>&lt;1</u>	0	0	0
Name <u>Rosemary Lang</u> Str <u>273 Rabbit Run Rd</u> City <u>Rainsville</u> ST <u>AL</u> ZIP <u>35986</u>	Title <u>Board Member</u> Hr/WK <u>&lt;1</u>	0	0	0
Name <u>James Luncford</u> Str <u>646 Howell St</u> City <u>Florence</u> ST <u>AL</u> ZIP <u>35630</u>	Title <u>Board Member</u> Hr/WK <u>&lt;1</u>	0	0	0
Name <u>Jo Anne Brown</u> Str <u>15932 Cedar Cove L</u> City <u>Cottondale</u> ST <u>AL</u> ZIP <u>35453</u>	Title <u>Board Member</u> Hr/WK <u>&lt;1</u>	0	0	0
Name <u>See Schedule</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☒ Yes ☐ No  
If "Yes," attach schedule—see page 28 of the instructions.

**Part VI Other Information** (See page 28 of the instructions.)

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . .	<b>76</b>	X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? . . . If "Yes," attach a conformed copy of the changes.	<b>77</b>	X
<b>78 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . .	<b>78a</b>	X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . .	<b>78b</b>	X
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . .	<b>79</b>	X
<b>80 a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . .	<b>80a</b>	X
<b>b</b> If "Yes," enter the name of the organization <b>N/A</b> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
<b>81 a</b> Enter direct and indirect political expenditures. See line 81 instructions . . . <b>81a</b> <b>N/A</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . .	<b>81b</b>	X
<b>82 a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . .	<b>82a</b>	X
<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) . . . <b>82b</b> <b>N/A</b>		
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications? . . .	<b>83a</b>	X
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . .	<b>83b</b>	X
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible? . . .	<b>84a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .	<b>84b</b>	N/A
<b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members? . . .	<b>85a</b>	X
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<b>85b</b>	N/A
<b>c</b> Dues, assessments, and similar amounts from members . . .	<b>85c</b>	N/A
<b>d</b> Section 162(e) lobbying and political expenditures . . .	<b>85d</b>	N/A
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . .	<b>85e</b>	N/A
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) . . .	<b>85f</b>	N/A
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . .	<b>85g</b>	N/A
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . .	<b>85h</b>	N/A
<b>86 501(c)(7) orgs. Enter: a</b> Initiation fees and capital contributions included on line 12 . . .	<b>86a</b>	N/A
<b>b</b> Gross receipts, included on line 12, for public use of club facilities . . .	<b>86b</b>	N/A
<b>87 501(c)(12) orgs. Enter: a</b> Gross income from members or shareholders . . .	<b>87a</b>	N/A
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . .	<b>87b</b>	N/A
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . .	<b>88</b>	X
<b>89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>N/A</b>; section 4912 <b>N/A</b>; section 4955 <b>N/A</b></b>		
<b>b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . .</b>	<b>89b</b>	N/A
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . <b>N/A</b>		
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . <b>N/A</b>		
<b>90 a</b> List the states with which a copy of this return is filed <b>N/A</b>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) <b>90b</b> 23		
<b>91</b> The books are in care of <b>Name Lisa Smoke</b> Telephone no. <b>(334) 834-6965</b> Located at <b>110 N. Jackson St.</b> City <b>ST</b> ZIP + 4 <b>36104</b>		
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>92</b> <b>N/A</b>		

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments			01		1,456,346
<b>95</b> Interest on savings and temporary cash investments			14	3,191	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: <b>a</b> Ad Sales	541800	28,323			
<b>b</b> Convention Registration			07	33,695	
<b>c</b> Advertising Fees	541800	15,000			
<b>d</b> Miscellaneous Income			01	57,574	52,495
<b>e</b> Nationwide Commission	524298	950,000			
<b>104</b> Subtotal (add columns (B), (D), and (E))		993,323		94,460	1,508,841
<b>105</b> Total (add line 104, columns (B), (D), and (E))					2,596,624

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
94/103d	Provides Association with ability to provide a wide range of services to the employees of the State of Alabama, including educational and insurance benefits.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
Public Employees Benefit Corporation 110 North Jackson	100.00%	Provides benefits to State	1,452,872	133,495
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Date

8/15/05

Alabama State Employess Association  
Part 5 Page 4

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid enter -0-)	(D) Contributions to employee benefit plans & deferred comp.	(E) expense acct. and other allow.
Troy Lewis 5719 21st Avenue Tuscaloosa, AL 35405	Board Member <1	0	0	0
Louise Liveoak 55 Smith Rd. Jemison, AL 35085-9503	Board Member <1	0	0	0
Jimmy Patrick P. O. Box 417 Harpersville, AL 35078	Board Member <1	0	0	0
Robert S. Miller P.O. Box 1265 Ashland, AL 36251	Board Member <1	0	0	0
Mary Bowens P.O. Box 0067 Troy, AL 36081	Board Member <1	0	0	0
Diane Williams 2671 Watson Rd. Emelle, AL 35459	Board Member <1	0	0	0
Larry Sanders P.O. Box 1016 Andalusia, AL 36420	Board Member <1	0	0	0
Martharina Breech Mobile, AL 36619-9004	Board Member <1	0	0	0
James Brewer 407 Thornton Place Mobile, AL 36609	Board Member <1	0	0	0
Tom Sanford Montgomery, AL 36108	Board Member <1	0	0	0
Alice Thornton 424 Easy Street Wetumpka, AL 36092	Board Member <1	0	0	0

Alabama State Employess Association  
Part 5 Page 4

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid enter -0-)	(D) Contributions to employee benefit plans & deferred comp.	(E) expense acct. and other allow.
Deborah Holifield 260 Grier Rd. Wetumpka, AL 36092	Board Member <1	0	0	0
Vernetta Patrick P.O. Box 210882 Montgomery, AL 36121-0882	Board Member <1	0	0	0
Donna Mulcahy 3324 Wiley Rd. Montgomery, AL 36106	Board Member <1	0	0	0
Cherryl Criswell 365 West Pleasant Grove Rd. Montgomery, AL 36105-6204	Board Member <1	0	0	0
Robert Wagstaff P.O. Box 5103 Montgomery, AL 36103	Board Member <1	0	0	0
Paige Hebson 482 South Sanders Road Hoover, AL 35226	Board Member <1	0	0	0

**Alabama State Employees Association**  
**Federal ID # 63-0256542**  
**2004**

**Form 990 Part II Line 43**

	<b><u>Total</u></b>	<b><u>Program</u></b>	<b><u>Management</u></b>
Insurance	0		
Public Relations	358	358	
Legislative	156,716	156,716	
Auto Expense	104,505	104,505	
Miscellaneous	120,066	120,066	
Rebate Expense	78,975	78,975	
Subscription and Dues	253		253
Consulting Fees	0		
Advertising Expense	12,000	12,000	
Contract Labor	0		
Committees	44,858	44,858	
	<b><u>517,731</u></b>	<b><u>517,478</u></b>	<b><u>253</u></b>

**Form 990 Part V Line 75**

<b>Name</b>	<b>Organization Name</b>	<b>EIN</b>	<b>Compensation</b>	<b>Contributions to Employee Benefits plans</b>	<b>Expense and other allowances</b>
E.J. McArthur	Public Employees Benefits Corp.	63-1272444	72,000	0	0

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box . . . . . ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

### Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ☐

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b> File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>Alabama State Employees Association</b>	Employer identification number <b>63-0256542</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>110 North Jackson Street</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Montgomery, AL 36104</b>	

#### Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► Lisa Smoke

Telephone No. ► (334) 834-6965 FAX No. ► \_\_\_\_\_

- If the organization does **not** have an office or place of business in the United States, check this box . . . . . ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box ► ☐. If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 8/15/2005, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year 2004 or  
► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . . \$ 0
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit . . . . . \$ 0
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions . . . . . \$ 0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.